

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In The Matter of Charges and)

Complaint Against)

MOHAMMED SHAFI, M.D.)

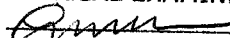
Respondent.)

Case No. 10-10760-1

FILED

JUL 26 2010

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee of the Nevada State Board of Medical Examiners, composed at the time of filing of Charles N. Held, M.D., Chairman, Theodore B. Berndt, M.D., Member, and Valerie J. Clark, Member, having a reasonable basis to believe that Mohammed Shafi, M.D., hereinafter referred to as Respondent, has violated the provisions of NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

1. Respondent is currently licensed in active status (License No. 7391), and has been so licensed since March 23, 1995 by the Nevada State Board of Medical Examiners pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.

2. Patient A was a sixty-seven year old (67) female at the time of the incidents in question. Her true identity is not disclosed to protect her privacy, but her identity is disclosed in the Patient Designation served on Respondent along with a copy of this Complaint.

3. Patient A was admitted to the emergency room on June 13, 2005 for unrelenting abdominal pain and sweating. The onset of the epigastric abdominal pain was identified at 2 p.m. after lunch that day. An abdominal x-ray was performed that showed the colon was distended with stool, a gaseous distention of the right transverse colon and gas in the rectum. The initial diagnosis was intractable abdominal pain, most likely induced by constipation.

1 4. A CT scan of the abdomen on the next day showed a distended colon with gas in
2 the right transverse colon. The patient was given two (2) enemas that produced a small amount of
3 bowel movement. She remained in severe abdominal pain (rated at 8 out of 10) and complained
4 of nausea. Pain medications were prescribed including Demerol, Morphine and Lortab.

5 5. Despite the continued pain management regimen, Patient A's pain remained. She
6 constantly reported it at 7 out of 10. She further complained of aching, burning, cramping and
7 sharp pain with nausea and vomiting.

8 6. On June 15, 2005, her pain continued unabated. Another x-ray was taken, and it
9 showed a gross distention of a segment of the large bowel. It also indicated differential diagnosis
10 considerations including a volvulus that may have been incomplete or intermittent.

11 7. That same day, Dr. Chong, a general surgeon, examined Patient A. He found her
12 abdomen quite distended and recommended a gastrografin enema as well as surgery to remove the
13 blockage. The gastrografin enema ruled out a volvulus, and Patient A's pain increased to 10 out of
14 10. She began to vomit black emesis.

15 8. On June 16, Patient A's pain continued at the highest level despite the pain
16 medications. Respondent examined Patient A and planned to do a disimpaction colonoscopy the
17 next day, twenty-four (24) hours away.

18 9. Patient A deteriorated rapidly. Her fever began rising. She was unable to swallow
19 or go without nasogastric suction due to a rise of intestinal fluids in the back of her throat. The
20 intestinal fluids eventually backed up into Patient A's mouth and caused her to aspirate. She went
21 into respiratory arrest and went without oxygen for approximately thirty (30) minutes. She was
22 placed on artificial life support and pronounced dead about one hour later. The cause of death was
23 identified as multisystem organ failure and sepsis.

24 10. A disimpaction should have been performed. When Patient A did not respond to
25 multiple enemas and was presenting signs of organ failure, either endoscopic decompression or
26 surgery should have been performed immediately. The delay in treatment coupled with Patient A's
27 progressive deterioration eliminated these options. Respondent, for some unexplained reason,
28 failed to act in light of the abundant and clear warning signs.

Count I

11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. Nevada Administrative Code Section 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

13. Nevada Revised Statute Section 630.301(4) provides that malpractice is grounds for initiating disciplinary action against a licensee.

14. Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under the same or similar circumstances when he failed and omitted to perform any disimpaction in a timely manner, including but not limited to, not performing an endoscopic decompression or surgery to relieve the blockage.

15. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

WHEREFORE, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in Section 630.339 of the Nevada Revised Statutes within twenty (20) days of service of the Complaint.

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS §630.339(3);

3. That the Nevada State Board of Medical Examiners determine what sanctions it determines to impose if it determines there has been a violation or violations of the Medical Practice Act (Nevada Revised Statutes Chapter 630) committed by Respondent; and


4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of facts, conclusions of law and order, in writing, that includes the sanctions imposed; and

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 DATED this 20th day of July, 2010.

4 THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

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6 By: 
7 Bradley O. Van Ry, Esq.
8 Deputy General Counsel and Attorney for the Investigative Committee
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Charles N. Held, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, that he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

Dated this 26th day of July, 2010.



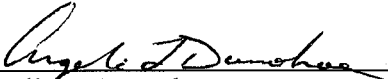
CHARLES N. HELD, M.D.

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 26th day of July 2010; I served a file copy of the Complaint, Patient Designation and the Fingerprint Information by mailing via USPS certified return receipt mail to the following:

Mohammed Shafi, M.D.
2136 E. Desert Inn Rd., Ste. A.
Las Vegas, NV 89169

Dated this 26th day of July 2010.



Angelia L. Donohoe
Legal Assistant